

Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

| 10/758,172 illed: Jenuery 14, 2004 | ,. | | |
|--|------------------------------------|-------------------|--|
| itle: Method and System for C | ontrolling & | and Auditing (| Content/Service Systems |
| ttorney Docket No. | | Art Unit: 3624 | |
| The practitioner named below is concerned. Furthermore, the pr | actitioner is auth | onduct Interviews | and has the authority to bind the prin |
| The practitioner named below is concerned. Furthermore, the prapplication pursuant to 37 CFR | actitioner is auth | onduct Interviews | and has the authority to bind the prin spondence in the above-identified Registration Number |
| The practitioner named below is concerned. Furthermore, the prapplication pursuant to 37 CFR | actitioner is auth 1.34: ame | onduct Interviews | spondence in the above-identified |
| The practitioner named below is concerned. Furthermore, the prapplication pursuant to 37 CFR | actitioner is auth 1.34: ame | onduct Interviews | Registration Number |

assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the abovenamed practitioner should be executed and filed in the United States Patent and Trademark Office.

| SIGNATURE of Practitioner of Record | | | | |
|-------------------------------------|-----------------|--------------------------|--|--|
| Name | Edwin H. Taylor | | | |
| Signature | an 117 pylas | Date (hell) | | |
| Registration Number | 25,129 | Telephone (408) 720-8300 | | |

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713,65 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.